

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086533

FILED
Apr 17, 2007
Secretary of State

Entity Name: PB INVESTMENT GROUP, LLC

Current Principal Place of Business:

150 ALHAMBRA CIRCLE, STE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134

Current Mailing Address:

150 ALHAMBRA CIRCLE, STE 800
CORAL GABLES, FL 33134

New Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134

FEI Number: 56-2609992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

S & K PROPERTY MANAGEMENT, LLC
150 ALHAMBRA CIRCLE, STE 800
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

S & K PROPERTY MANAGEMENT, LLC
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCKREUS, GERTI
Address: 150 ALHAMBRA CIRCLE, STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: KUCZURBA, DIRK
Address: 150 ALHAMBRA CIRCLE, STE 800
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIRK KUCZURBA

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date